

PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 8, 2004

Application or Docket Number

10/566,361

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY
TYPE

OR OTHER THAN
SMALL ENTITY

U.S. NATIONAL STAGE FEES

SMALL ENT. = \$ 150

LARGE ENT. = \$ 300

RATE FEE
BASIC FEE **150**

RATE FEE
BASIC FEE **150**

BASIC FEE

EXAMINATION FEE

Satisfies PCT Article 33(1)
(4) = \$ 50 / \$ 100

All other situations =

\$ 100 / \$ 200

RATE FEE
EXAM. FEE **100**

RATE FEE
EXAM. FEE **100**

SEARCH FEE

U.S. or ISA = \$ 50 / \$ 100

All other situations =

\$ 250 / \$ 500

RATE FEE
SEARCH FEE **200**

RATE FEE
SEARCH FEE **200**

FEE FOR EXTRA SPEC. PGS.

minus 100 =

150 =

RATE FEE
X \$ 125 =

RATE FEE
X \$ 250 =

TOTAL CHARGEABLE CLAIMS

minus 20 =

RATE FEE
X \$ 25 =

RATE FEE
X \$ 50 =

INDEPENDENT CLAIMS

minus 3 =

RATE FEE
X \$ 100 =

RATE FEE
X \$ 200 =

MULTIPLE DEPENDENT CLAIM PRESENT

RATE FEE
+ \$ 180 =

RATE FEE
+ \$ 360 =

450

450

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

AMENDMENT A

| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|-------------|---|-------|---|------------------|
| Total | * | Minus | ** | = |
| Independent | * | Minus | *** | = |

| RATE | ADDI- TIONAL FEE |
|------------|------------------------|
| X \$ 25 = | |
| X \$ 100 = | |
| + \$ 180 = | |

| RATE | ADDI- TIONAL FEE |
|------------|------------------------|
| X \$ 50 = | |
| X \$ 200 = | |
| + \$ 360 = | |

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

AMENDMENT B

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|-------------|---|-------|---|------------------|
| Total | * | Minus | ** | = |
| Independent | * | Minus | *** | = |

| RATE | ADDI- TIONAL FEE |
|------------|------------------------|
| X \$ 25 = | |
| X \$ 100 = | |
| + \$ 180 = | |

| RATE | ADDI- TIONAL FEE |
|------------|------------------------|
| X \$ 50 = | |
| X \$ 200 = | |
| + \$ 360 = | |

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.